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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/490,540 07/29/2003 and claims benefit of 60/493,442 08/08/2003

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 12	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance				

Verified and Acknowledged Examiner's Signature Initials

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TITLE

SYSTEM AND METHOD FOR UTILIZING SHAPE ANALYSIS TO ASSESS FETAL ABNORMALITY

FILING FEE RECEIVED 804	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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